



# **Accountability and Social Mission: New Winds in Health Professions Education**

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**Richard and Janet Southby  
Distinguished Lectureship**

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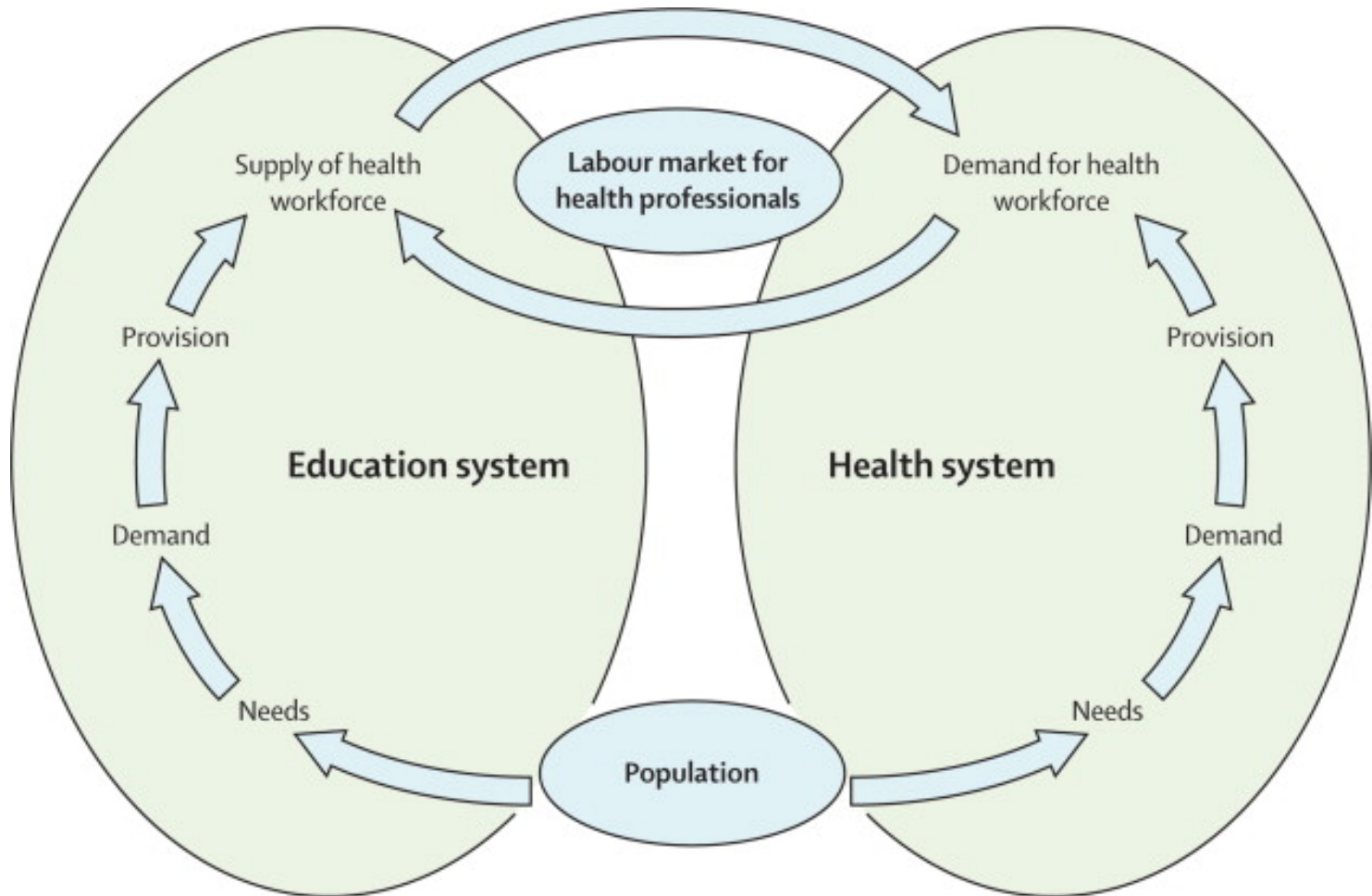


# **Health Professionals For A New Century: Transforming Education To Strengthen Health Systems In An Interdependent World**

Julio Frenk\*, Lincoln Chen\*, Zulfi qar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk

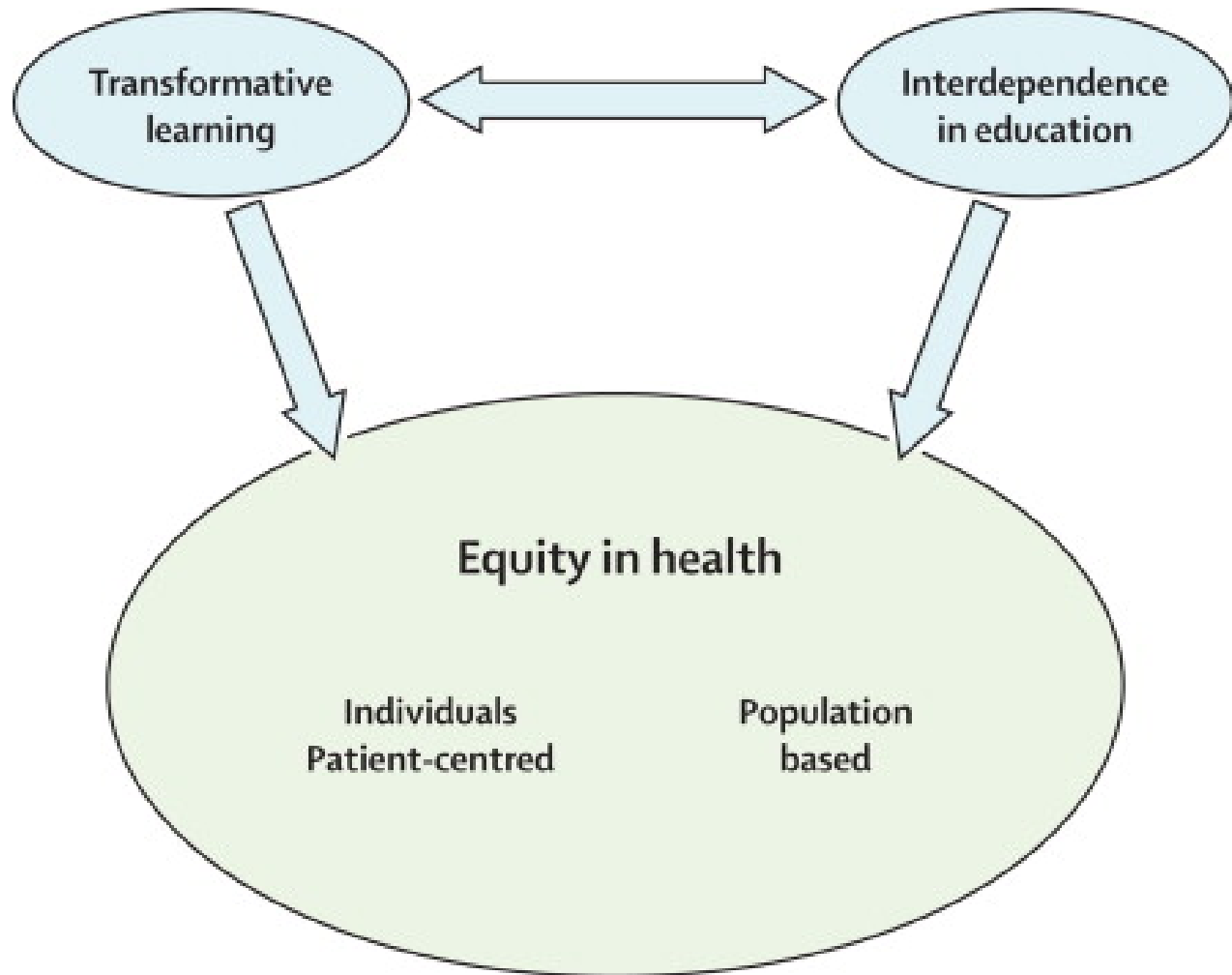
***The Lancet, December 4, 2010***

# Systems Framework



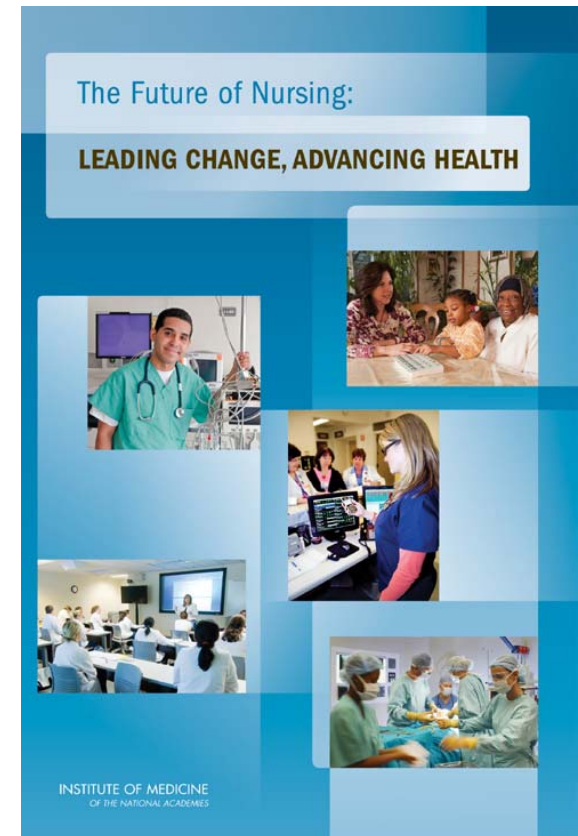
# Vision For A New Era Of Professional Education

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# Recommendations of the US Institute of Medicine Report *The Future of Nursing*

1. Remove scope-of-practice barriers
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
3. Implement nurse residency programs
4. Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020
5. Double the number of nurses with a doctorate by 2020
6. Ensure that nurses engage in lifelong learning
7. Prepare and enable nurses to lead change to advance health
8. Build an infrastructure for the collection and analysis of interprofessional health care workforce data



# The Global Consensus on Social Accountability

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A century after Flexner's report on medical education in North America, the main challenge in the 21st century for the education of health professions resides in the **demonstration by educational institutions of their greater contribution to improving health systems performance and people's health status**, not only by tailoring educational programs to priority health problems, but by a stronger involvement in anticipating health and human resources needs of a nation and in ensuring that graduates are employed where they are most needed delivering the most pressing services.



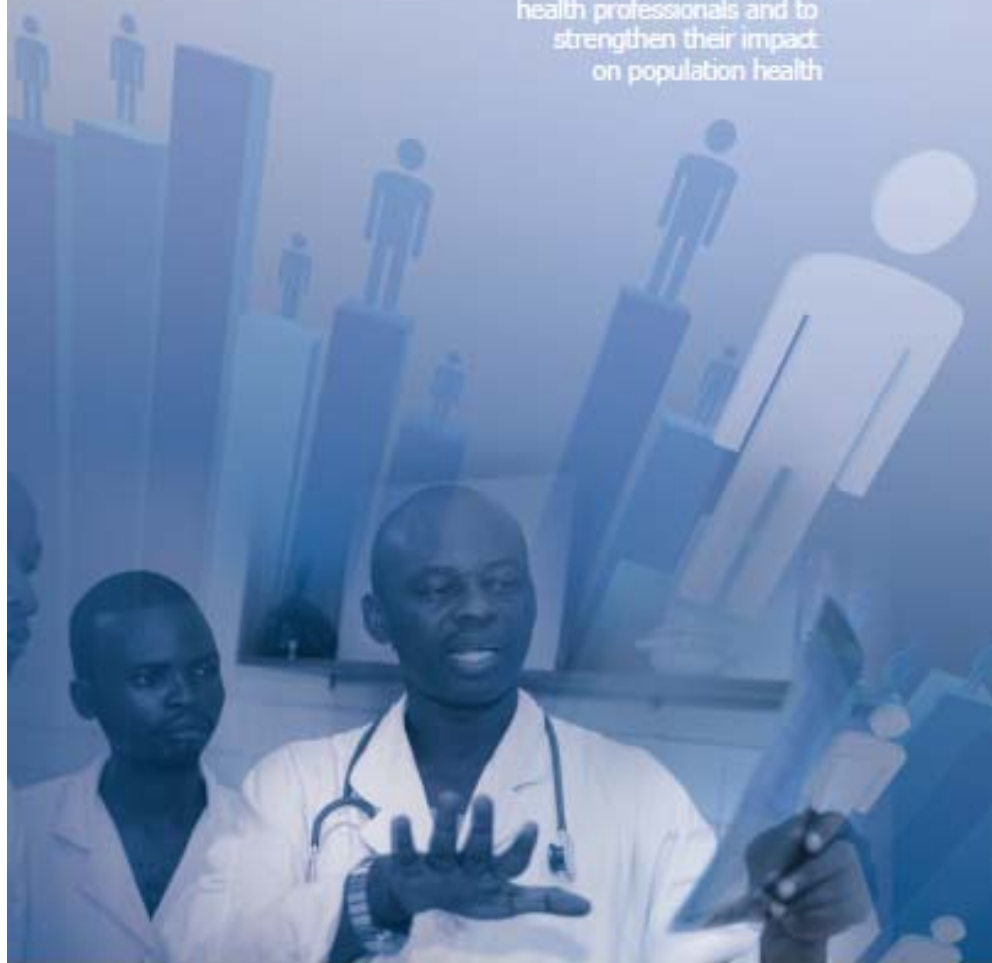
Global Consensus for  
**Social Accountability**  
IN MEDICAL EDUCATION



World Health  
Organization

# Transformative scale up of health professional education

An effort to increase  
the numbers of  
health professionals and to  
strengthen their impact  
on population health





# WHO Definition

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The transformative scale-up of health professional education aims to support and advance the performance of country health systems so as to meet the needs of individuals and populations in an equitable and efficient manner. Driven by population health needs, **transformative scale-up is a process of education system and health system reform that addresses the quantity, quality and relevance of health professionals** in order to increase access to health services and to improve population health outcomes.



# The Sub-Saharan Medical School Study

The Sub-Saharan African Medical School Study  
DATA, OBSERVATION, AND OPPORTUNITY



BILL & MELINDA  
GATES foundation

# The Lancet (March 26, 2011)

## Health Policy

### Medical schools in sub-Saharan Africa



*Fitzhugh Mullan, Seble Frehywot, Francis Omaswa, Eric Buch, Candice Chen, S Ryan Greysen, Travis Wassermann, Diaa ElDin ElGaili Abubakr, Magda Awases, Charles Boelen, Mohenou Jean-Marie Isidore Diomande, Delanyo Dovlo, Josefo Ferro, Abraham Haileamlak, Jehu Iputo, Marian Jacobs, Abdel Karim Koumaré, Mwapatsa Mipando, Gottlieb Lobe Monekosso, Emiola Oluwabunmi Olapade-Olaopa, Paschalis Rugarabamu, Nelson K Sewankambo, Heather Ross, Huda Ayas, Selam Bedada Chale, Soeurette Cyprien, Jordan Cohen, Tenagne Haile-Mariam, Ellen Hamburger, Laura Jolley, Joseph C Kolars, Gilbert Kombe\*, Andre-Jacques Neusy*

Small numbers of graduates from few medical schools, and emigration of graduates to other countries, contribute to low physician presence in sub-Saharan Africa. The Sub-Saharan African Medical School Study examined the challenges, innovations, and emerging trends in medical education in the region. We identified 168 medical schools; of the 146 surveyed, 105 (72%) responded. Findings from the study showed that countries are prioritising medical education scale-up as part of health-system strengthening, and we identified many innovations in premedical preparation, team-based education, and creative use of scarce research support. The study also drew attention to ubiquitous faculty shortages in basic and clinical sciences, weak physical infrastructure, and little use of external accreditation. Patterns recorded include the growth of private medical schools, community-based education, and international partnerships, and the benefit of research for faculty development. Ten recommendations provide guidance for efforts to strengthen medical education in sub-Saharan Africa.

*Lancet* 2011; 377: 1113–21

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This paper has been corrected.

The corrected version first appeared at [thelancet.com](http://thelancet.com) on November 19, 2010

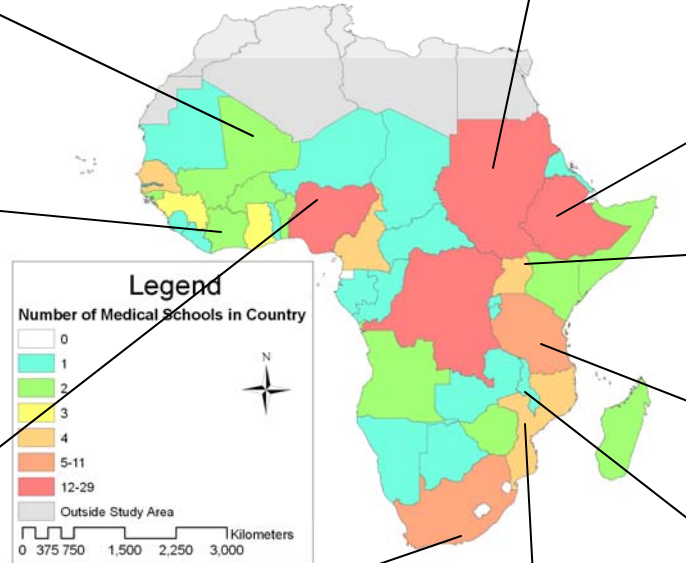
See [Editorial](#) page 1047

See [Online/Comment](#)

DOI:10.1016/S0140-



# SAMSS Site Visited 10 Schools



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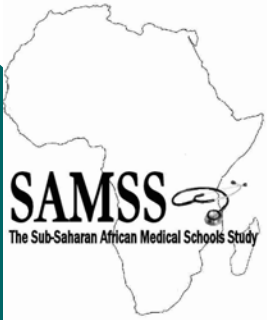
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# Recommendations

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- 1) Grow Faculty Capacity**
- 2) Build Medical Education Infrastructure**
- 3) Support MOH-MOE Coordination**
- 4) Fund Research**
- 5) Promote Primary Care Education**



# Recommendations

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- 6) Expand Graduate Medical Education**
- 7) Align Medical Education with National Needs**
- 8) Recognize Private Medical School Contributions**
- 9) Expand Accreditation and Certification**
- 10) Revitalize an African Medical Schools Association**

# A Decade of Reports Calling for Change in Medical Education: What Do They Say?

Susan Skochelak *Academic Medicine* (2010)

Table 1

Themes Included in Each of 15 Reports Calling for Change in Medical Education\*

Report	Year published	Medical education themes							
		Integrating the educational continuum	Need for evaluation and research	New methods of financing	Importance of leadership	Emphasis on social accountability	Use of new technology in education and medical practice	Alignment with changes in health care delivery	Future directions in the health care workforce
Ten Stories of Change <sup>3</sup>	2000	✓			✓	✓		✓	
Training Tomorrow's Doctors <sup>8</sup>	2002	✓	✓	✓	✓	✓	✓	✓	
AHCs: Leading Change <sup>14</sup>	2003	✓	✓	✓	✓		✓	✓	
Reforming Medical Education <sup>16</sup>	2003		✓	✓	✓	✓	✓	✓	✓
Envisioning the Future <sup>9</sup>	2003	✓	✓	✓		✓	✓	✓	
Vision for Medical Education <sup>4</sup>	2004	✓			✓	✓	✓	✓	✓
UME-21 <sup>17</sup>	2005		✓		✓	✓	✓	✓	
Clinical Skills Curricula <sup>5</sup>	2005		✓				✓	✓	✓
AMA ITME <sup>6</sup>	2007	✓	✓	✓		✓	✓	✓	✓
Revisiting Mission <sup>10</sup>	2009	✓	✓	✓	✓	✓	✓	✓	✓
New Medical Schools <sup>11</sup>	2009			✓	✓	✓		✓	✓
CME Redesign <sup>15</sup>	2009	✓	✓	✓	✓	✓		✓	✓
Future of Med Ed (FMEC) <sup>7</sup>	2010		✓	✓	✓	✓	✓	✓	✓
Primary Care Training <sup>12</sup>	2010		✓	✓	✓	✓	✓	✓	✓
A Call for Reform <sup>13</sup>	2010	✓	✓	✓	✓	✓		✓	✓

\* One report was from Canada; the rest are from the United States; all were published in the last ten years. Superscripts refer to the citations of the reports in the reference list.

# Social Mission of Medical Education: Ranking the Schools

ACADEMIA AND CLINIC

Annals of Internal Medicine

## The Social Mission of Medical Education: Ranking the Schools

Fitzhugh Mullan, MD; Candice Chen, MD, MPH; Stephen Petterson, PhD; Gretchen Kolsky, MPH, CHES; and Michael Spagnola, BA

**Background:** The basic purpose of medical schools is to educate physicians to care for the national population. Fulfilling this goal requires an adequate number of primary care physicians, adequate distribution of physicians to underserved areas, and a sufficient number of minority physicians in the workforce.

**Objective:** To develop a metric called the social mission score to evaluate medical school output in these 3 dimensions.

**Design:** Secondary analysis of data from the American Medical Association (AMA) Physician Masterfile and of data on race and ethnicity in medical schools from the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine.

**Setting:** U.S. medical schools.

**Participants:** 60 043 physicians in active practice who graduated from medical school between 1999 and 2001.

**Measurements:** The percentage of graduates who practice primary care, work in health professional shortage areas, and are underrepresented minorities, combined into a composite social mission score.

**Results:** The contribution of medical schools to the social mission of medical education varied substantially. Three historically black colleges had the highest social mission rankings. Public and community-

based medical schools had higher social mission scores than private and non-community-based schools. National Institutes of Health funding was inversely associated with social mission scores. Medical schools in the northeastern United States and in more urban areas were less likely to produce primary care physicians and physicians who practice in underserved areas.

**Limitations:** The AMA Physician Masterfile has limitations, including specialty self-designation by physicians, inconsistencies in reporting work addresses, and delays in information updates. The public good provided by medical schools may include contributions not reflected in the social mission score. The study was not designed to evaluate quality of care provided by medical school graduates.

**Conclusion:** Medical schools vary substantially in their contribution to the social mission of medical education. School rankings based on the social mission score differ from those that use research funding and subjective assessments of school reputation. These findings suggest that initiatives at the medical school level could increase the proportion of physicians who practice primary care, work in underserved areas, and are underrepresented minorities.

**Primary Funding Source:** Josiah Macy, Jr. Foundation.

*Ann Intern Med.* 2010;152:804-811.

For author affiliations, see end of text.

[www.annals.org](http://www.annals.org)



# **Social Mission of Medical Schools**

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## **Definition**

- **% of graduates practicing primary care**
- **% of graduates practicing in underserved areas**
- **% of graduates who are underrepresented minorities**





# Findings

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- **The African American Schools (HBCUs) have high social mission rankings**
- **Public schools graduate larger cohorts of primary care, underserved area, and minority physicians**
- **The Northeastern US graduates relatively fewer primary care and underserved area physicians**



# Findings

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- **Medical schools in less urban areas graduate relatively more primary care and underserved area physicians**
- **Six schools ranked in the first quartile of social mission and NIH funding**



# Message of Transformative Education

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## **1) Social Accountability**

## **2) Educational Reform**

- **Information Technology**
- **Team Learning**
- **Accreditation**
- **Professionalism**

## **3) Policy Engagement**



# Recurrent Themes

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- **Premise of education – public good versus personal accomplishment?**
- **Dialogue between health and education policy makers**
- **Alignment between health science education and national health plans**
- **Location of graduates**
- **Interdisciplinary training and team based practice**



# Barriers to Transformation

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- **Momentum**
- **Money**
- **Tribalism**
- **Specialism**



# Conclusions

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- **Transformative movement exists**
- **Central tendency of themes**
- **Articulate spokespeople**
- **Excellent “road maps”**
- **Leadership Needed**